

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15823**
Registrar's No. **4072**

FILED MAY 14 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			e. STREET ADDRESS (If rural, give location) 3026 Geyer Ave 2179		
3. NAME OF DECEASED (Type or Print) IRIS			a. (First) _____ b. (Middle) _____ c. (Last) HUETTICH		4. DATE OF DEATH (Month) (Day) (Year) APRIL 18, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21, 1905		9. AGE (In years last birthday) 48 If under 1 year: Months _____ Days _____ If under 24 hrs.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press		10b. KIND OF BUSINESS OR INDUSTRY Knapp-Monarch		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Wm Mc Farland		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Oliver Huettich		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 492-02-3942	
17. INFORMANT'S SIGNATURE OR NAME Oliver Huettich		ADDRESS 3026 Geyer		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from 4-17-53 , 19____, to 4-18-53 , 19____, that I last saw the deceased alive on 4-18-53 , 19____, and that death occurred at 2:30A m., from the causes and on the date stated above.					
23a. SIGNATURE Edward P. Glynne M.D.		(Degree or title) _____		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 4-20-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-53	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros	
DATE REC'D BY LOCAL REG. APR 20 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		ADDRESS 2201 S. Grand Blvd	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3917

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.